

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM EVALUATION
The Behavioral Health Response to Disasters
DATE: August 24, 2004**

Name: _____ SSN: _____

Please check one: ☐ Licensed Professional Counselor ☐ Psychologists ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

Teaching effectiveness of presenter(s):

| | 5 | 4 | 3 | 2 | 1 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| April J. Naturale, LCSW, ACSW, LNHA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Course Content Objectives:

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Define the tasks and responsibilities of the individuals in the various roles within the Incident Command System (ICS) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Identify where mental health and substance abuse services fit within the external ICS in an emergency | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Understand the potential roles that participants may play via their behavioral health organization in the event of a disaster | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Discuss the goals of crisis counseling, public education and training as a part of a disaster response | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. List three normal reactions of adults and children in the aftermath of a disaster | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in attending: _____

Participant's Signature: _____ Date viewed: _____

☐ **No CE's Requested**, fax (334-206-5663) or mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator; PO Box 303017, Suite1010; Montgomery, Alabama 36130-3017.

OUT OF STATE PARTICIPANTS:

NOTE: IF CE's ARE REQUESTED (LICENSED PROFESSIONAL COUNSELORS & PSYCHOLOGISTS):

include \$20 per person (check payable to: Mental Health & Mental Retardation), **within 3 working days** mail completed form to:
Alabama Department of Mental Health & Mental Retardation, Office of Staff Development, PO Box 301410, Montgomery, Alabama 36130-1410.

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545